



CITY OF FULSHEAR

PO Box 279 / 30603 FM 1093
Fulshear, Texas 77441
Phone: 281.346.8860 ~ Fax: 281.346.8237
www.fulsheartexas.gov

Permits and Inspections

Contractor's Registration Form

*Registration Valid for One (1) Calendar Year (Jan. 1 – Dec. 31) – Must be Renewed Annually

TYPE OF CONTRACTOR (PLEASE SELECT ONE)

General: _____ Mechanical: _____ Plumbing: _____ Electrical: _____ Irrigation: _____ Sign: _____

Other: _____

PLEASE PROVIDE THE FOLLOWING (If Applicable)

*Valid Texas Driver's License

*Copy of State License

*Copy of Contractor Registration

*Certificate of General Liability Insurance showing: City of Fulshear, 30306 FM 1093, Fulshear, TX 77441

*as certificate holder, minimum insurance must be at least \$300,000.00 per occurrence

* \$200.00 – Cash or Check Payable to City of Fulshear (exception: plumbers per TSPB)

Please print or type:

| | |
|---|---------------------------|
| Licensed Individual: _____ | TDL#: _____ |
| Type of License: _____ | Phone#: _____ |
| License No. (If applicable): _____ | Email: _____ |
| Expiration Date: _____ | |
| Business Information: | |
| Company Name: _____ | Office Phone #: _____ |
| Owner Name: _____ | Phone#: _____ |
| Mailing Address: _____ | Email: _____ |
| City, State, Zip: _____ | Driver's License #: _____ |
| LIST ALL PERSONS EMPLOYED WITH YOUR COMPANY, AUTHORIZED TO PURCHASE PERMITS UNDER YOUR REGISTRATION, AND CALL FOR INSPECTIONS: | |
| 1. _____ | TDL#: _____ |
| 2. _____ | TDL#: _____ |
| 3. _____ | TDL#: _____ |
| 4. _____ | TDL#: _____ |

Contractor's Printed Name

Contractor's Signature

Date

**Change of company licensed individual need to be updated with the City of Fulshear. Written notice along with required documents needs to be sent to inspections@fulsheartexas.gov within 10 days of change or contractor will be in violation of city code.